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## \*BIBDATASHEET\*

CONFIRMATION NO. 8028

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/848,742	<b>FILING OR 371(c) DATE</b> 05/03/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> PA-5259-RFB	
<b>APPLICANTS</b> Scott E. Boatman, Bloomington, IN; David G. Burton, Bloomington, IN; Michael C. Hoffa, Bloomington, IN; Thomas A. Osborne, Bloomington, IN; David A. Drewes, JR., Bloomington, IN; David R. Lessard, Bloomington, IN; Maggie A.Z. Hupcey, Indianapolis, IN;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/663,747 09/15/2000 PAT 6,592,550 and claims benefit of 60/207,058 05/25/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/29/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 79	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> L.G. ALMEDA BRINKS HOFER GILSON AND LIONE PO BOX 10395 CHICAGO ,IL 60610					
<b>TITLE</b> Medical device including unitary, continuous portion of varying durometer					
<b>FILING FEE RECEIVED</b> 2142	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

